

PHILADELPHIA MEDICAL TIMES.

SATURDAY, DECEMBER 7, 1872.

ORIGINAL LECTURES.

CLINICAL LECTURES

ON PROLAPSE OF THE WOMB.

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(Continued from page 131.)

UP to this point we have learned that the cervix uteri, the inverted vagina, a pouch of the bladder, a rectocele, and the two peritoneal folds combine to make up this large hernial mass. This much is evident; but what is it? It is clearly not the vaginal cervix unduly elongated, because it, and only it, would compose the tumor. Can it be an inversion of the womb, or a simple descent of the womb? Or are we dealing with a hypertrophic elongation of the supra-vaginal cervix? These are questions, gentlemen, which the uterine sound will readily answer. For a distance of three and a half inches it meets with no obstruction, but now there is a hitch to its further progress. It has not, however, reached the fundus, but the bend of a retroflexion: this I know from my past experience in gauging these tumors. By a little coaxing, and by raising the handle of the sound, the tip slips onward an inch and a half more before it fairly impinges upon the fundus. Five inches, therefore, is the length of the uterine cavity, as measured from the apparent apex, or false os, of the cervix to the fundus. But if to this the everted portion of the cervix be added,—as it should be, by restoring the os externum to its proper position,—then the uterine cavity will, in reality, measure about six inches. The case, then, is not one of inverted uterus, else there would not be a uterine cavity. Neither is it one of simple descent, because the sound has proved not only a condition of preternatural elongation, but the fact that the fundus is high up in the pelvis. This completes our diagnosis; for, by exclusion as well as by direct evidence, it is as clear as noon that we have before us a case of so-called “*prolapse of the womb from hypertrophic elongation of the supra-vaginal portion of the cervix.*”

Every departure from health, every manifestation of disease, is the product of a train of influences which it is the business of science to track out. Let us try to unfold their significance in this case, beset though it is with so many difficulties that I have postponed its discussion to this the last week of the spring course, in order that all of you might be sufficiently advanced to catch the drift of argument. Four theories have been advanced,—and I now bespeak your earnest attention,—four interpretations of the phenomena, which at first blush seem hopelessly irreconcilable, and which yet have much in common. These theories are as follows:

(a.) That the primary affection is a downward

growth, a true hypertrophic elongation, of the supra-vaginal portion of the cervix; and that the prolapse of the vagina and bladder is secondary, being the necessary result of the former. (b.) That there are no changes of structure in the cervix, other than the strictly mechanical one of elongation, which is a secondary accident, consequent upon the traction exerted by a primary prolapse of the vagina and bladder. (c.) Martin's (*Boston Gynecological Journal*, 1871, pp. 230, 307),—that the circular hypertrophy of the vaginal portion of the cervix, of which the eversion of the os is the result, is a disease *sui generis*; and that it constitutes the weight which lengthens out the supra-vaginal cervix. (d.) Isaac E. Taylor's (*Bellevue and Charity Hospital Reports*, 1869),—that, contrary to the commonly accepted belief, the glandular portion of the cervix during gestation is not effaced, but hypertrophied, and that even after labor it still exists; for it has undergone nothing more than a momentary expansion of its canal for the passage of the fœtus; that consequently, if the natural process of involution does not take place, the gravity of this hypertrophied cervix will aid and sustain the elongation of the non-glandular part of the supra-vaginal cervix, viz., the isthmus, which is thick, soft, and ductile in the non-involved womb.

Now, to my thinking, each one of these theories contains germs of truth, but no single one is of itself adequate to explain all the phenomena. For instance, granting that the disease is a true hypertrophic elongation; then, according as the suspensory ligaments of the womb are more or less yielding than its vesical and vaginal abutments, one of two things ought to happen: either the cervix must grow downward, carrying along with it the bladder and vagina, or else the cervix must grow upward, lifting the body of the womb higher and higher in the cavity of the abdomen. But the upward form of displacement never happens, to my knowledge, in this affection, although it is common enough whenever a fibroid in the lower segment of the womb begets a true hypertrophy of the cervix. Again, in this affection the upper portion of the cervix is cylindrical and of uniform size, but attenuated, as if wire-drawn, rather than hypertrophied. By firmly compressing the base of the tumor, I can feel and trace high up a firm cord-like body not thicker than my little finger. That such a shape cannot be attributed to growth alone, witness the bulbous and nodulated form of the vaginal cervix in cases of chronic cervical metritis. But growth combined with traction will produce this cord-like and symmetrical form. In Oriental countries, for example, where fancy prices are paid for jasmine pipe-stems eight and ten feet in length, the wood is made straight and of uniform size throughout by reeving a pulley and fastening one end of the cord to a growing shoot, and the other to a weight. Further, counter to the theory of growth alone is the telling fact that after a few days of rest in bed the uterine cavity will be found very much shortened. True hypertrophy implies a change of structure in-

capable of speedy resolution; even with the actual and potential cauteries it takes months to melt down a cervix enlarged by metritis. Hence this quick reduction in length is a behavior impossible in hypertrophic elongation. Once more, the so-called supra-vaginal portion in this patient is dense and hard, whilst the infra-vaginal portion is soft and spongy, as if its substance had been absorbed. The former is stem-like, the latter clubbed. There are extremely few cases—according to Huguier and Savage there are none—in which the two kinds of hypertrophic elongation coexist in the same cervix. The elongation is in fact limited either to the supra- or to the infra-vaginal portion; very rarely indeed does it affect both portions of the same cervix. Such an exclusiveness does not comport with the theory of hypertrophy; for how thereby explain this lack of concord in the behavior of two portions of one continuous structure? Is it reasonable to suppose that a merely superficial muscular collar, such as the vaginal attachment, can act like a conjurer's ring, and, by a sort of magic, inhibit deeply-seated tissue-changes on one side of it from passing through to the other? Rather than be embarrassed by this difficulty, I much prefer to apply the aphorism of the schoolmen,—*quod non habet, dare non potest*, a cause cannot communicate what it does not itself possess,—and consequently that the elongation, if supra-vaginal, is not communicable because it is not essentially hypertrophic. I say *essentially*, because I am willing to concede some degree of growth, not primary but secondary, caused by the irritation of another factor,—traction,—and by the stasis in the circulation induced by it.

If these arguments are sound, we must reject this theory. Nor should that of Martin's, if taken by itself, fare any better; for, if the weight caused by a circular hypertrophy of the vaginal portion can lengthen out the supra-vaginal portion, why cannot the same effect be produced by the far heavier weight of a cervix elongated in its infra-vaginal portion, of a cervix greatly hypertrophied eccentrically by chronic metritis, or of a large polypus or cancer of the cervix? Dr. Isaac E. Taylor—to whom the profession is greatly indebted for first showing that the cervix uteri is not effaced either by gestation or by parturition—has advanced an ingenious theory, which hinges upon this stability of the cervix, and has the great merit of consistency. His testimony regarding the autopsic lesions of this disease shows conclusively, if I understand him correctly, that the elongation does not affect the glandular portion of the cervix, but that portion of the womb just above the os internum, at the junction of the body with the neck. In other words, it is the supra-glandular portion of the cervix—the isthmus—which is drawn out from the corpus, and that at the expense of its thickness. Other observers have demonstrated that the glandular portion is hypertrophied circularly, not longitudinally; and this statement is further confirmed by the two important facts: first, that the internal os, so far from being separated more widely from the external os, is, by eversion of the cervical canal, often brought

nearer to it; and, secondly, that the vesico-uterine peritoneal fold, instead of receding from the end of the tumor, approaches it so closely as to run some risk in the operation for its amputation. Granting, then, these premises, I think we are logically forced to admit, in the non-involuted uterus, not only the ductility of its isthmus and corpus, but also the gravity of its hypertrophied cervix. I shall, therefore, invite you to accept Dr. Taylor's theory; not, however, as one covering the whole causation of this affection, but as one throwing additional light upon it.

Of the four theories presented to you, let us now provisionally adopt the second one,—that of primary prolapse of the vagina and bladder,—in order to see how far it meets the phenomena. I speak and shall speak of the conjoint prolapse of the vagina and bladder, because from the fusion of the anterior wall of the vagina to the base of the bladder, a prolapse of the one must be accompanied by that of the other; and, therefore, in the study of the mechanism of elongation, it is immaterial to us which of these organs is the first to prolapse. Should, then, the vagina and bladder prolapse, they plainly must conspire either to drag down the womb as a whole, constituting a simple prolapse, or descent, of the womb; or else, in case the uterine ligaments resist this traction, to pull upon and stretch out the isthmus and lower portion of the corpus—viz., that portion of the womb lying between the vesico-vaginal attachment below, and the uterine ligaments—or, perhaps, pelvic adhesions—above.

Now, in fact, this very thing happens in this affection. The elongation is limited to that portion of the cervix and corpus just above the os internum, which would be dragged upon; and does not extend to the glandular portion, which would not be dragged upon, and which, therefore, could not increase in length, save only by growth. That the healthy womb is a somewhat ductile body, capable of extension without growth or change of structure, is proved by its behavior under steady traction. Thus, when adherent to the wall of a growing ovarian cyst, it has been found stretched out to a length of six or more inches. I have seen the same thing happen to a womb firmly bound to the cyst of a ventral foetation; and this is a happier illustration, because the womb is always so jealous of an extra-uterine pregnancy as to form a decidual membrane, and to present such characteristics of post-partum sub-involution as congestion, softening, and ductility. In these cases the elongation is analogous to that predicated of a prolapse of the vagina and bladder, but in an opposite direction,—from below upwards,—the static, or resistant, force being now in the vesico-vaginal attachments; the dynamic, or active, force in the adhesions to a growing cyst.

Thus far this theory of traction has analogy and the autopsic lesions on its side. It also has the further merit of explaining how a few days' rest will bring about so marked a diminution in the length of the womb. Thus, the recumbent posture removes the weight of the prolapsed organs, and the womb shrinks up like an over-stretched

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rubber band. It may, however, be reasonably objected, that since neither the weight of a very large polypus growing from the cervix, nor that of a vaginal cervix hypertrophied circularly or longitudinally, does materially lengthen out the supra-glandular cervix, it does not seem plausible that the lesser weight of the prolapsed vagina and bladder should effect that which greater weights fail to do. This objection can be met by assuming that, either through chronic congestion or through arrest of post-partum involution, the womb is thick, soft, and ductile,—conditions which of themselves would tend to make the gravity of the cervix act upon the plasticity of its intermediate portion. For instance, —to borrow a homely illustration from our candy-pulling days,—if a rope of molasses candy is held out at arm's length, the weight of its free extremity will draw out and thin out that portion just below the grasp of the hand. To sum up, then: the predisposition to this disease depends upon a tendency to cystocele or vaginocoele; the receptivity, upon the coexistence of sub-involution or of its analogues.

(To be continued.)

ORIGINAL COMMUNICATIONS.

ON THE EFFECTS OF THE BROMIDES IN EPILEPSY, WITH SPECIAL REFERENCE TO THE BROMIDE OF POTASSIUM.

BY M. GONZALES ECHEVERRIA, M.D.,

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(Continued from page 136.)

I WILL now compare the value of the bromide of potassium in the treatment of epilepsy with that of its following kindred salts: bromide of sodium, of calcium, of lithium, of ammonium, and of cadmium.

I have tried the bromide of sodium in 128 epileptics; 36 had never before used bromide of potassium, and the remaining 92 had been previously under it. Of the first, 22 were males, and 14 females. The respective ages of these patients were: in the first category, 2 children, 13 adolescents, 7 adults, total 22 males; 3 children, 6 adolescents, 5 adults, total 14 females. In the second category: 8 children, 29 adolescents, 18 adults, total 55 males; 6 children, 22 adolescents, 9 adults, total 37 females.

The bromide of potassium was stopped for one week with the epileptics who were using it, with relief to their fits, which previously had occurred from one to eleven times a week. A solution of bromide of sodium was at first employed in every case, beginning with twenty grains three times a day, and gradually carrying every single dose up to thirty, forty, and sixty grains. The physiological effects of such large doses were identical with those of the bromide of potassium. The eruption of the skin occurred in 82 cases, and 64 became very much

troubled with obstinate constipation, gastralgia, and loss of appetite, accompanied with headache. The fits diminished in 14 of the 36 first cases, and in 35 of the 92 second they became better controlled when the bromide of sodium was combined with conium or ergotine. I should, however, state that the maniacal excitement of the epileptic insane remained scarcely influenced by the bromide of sodium, and that several of those epileptics who were previously taking bromide of potassium demanded to return to their old mixture. Their attendants also noticed the retrograde change in their mental condition. A series of observations renewed at different intervals, and throughout periods extending from four to eight weeks, led me to conclude that the bromide of sodium cannot supersede the bromide of potassium. In regard to the innocuity claimed for the bromide of sodium, and which rests a great deal on pure speculation, I may state that throughout my long experience with the bromide of potassium I have never met with any fatal result from its long continuance in the manner here described, and I have used it, within the last twelve years, in cases of epilepsy and epileptiform diseases certainly amounting to more than six hundred, as evinced by the hospital records.

I have administered bromide of calcium to thirty-two adults and four children, epileptic, in doses of from twenty to forty grains, three times a day. The experiment in some of the cases extended to three or four months; and I may add that all but six of the patients, two males and four females, had never tried the bromide of potassium. I cannot say that any positive relief was observed in the severity or frequency of the attacks, whether the salt was given alone or with conium. In eight epileptics, three males and five females, the stomach could not bear the salt in twenty-grain doses repeated thrice a day, dyspeptic symptoms supervening with painful constipation, which forced the salt to be abandoned. Nor have we obtained among the numerous cases of alcoholic mania received at this asylum the hypnotic effects claimed on behalf of the bromide of calcium, which has been administered unsuccessfully, under the circumstances, in thirty-grain doses renewed every hour until one drachm and a half was reached.

The bromide of lithium has proved more active in its hypnotic properties than the bromide of calcium or of sodium. I have prescribed it to twenty-two epileptics never before submitted to the bromide of potassium, and for a length of time varying from six weeks to three months. In two cases, both females, the fits diminished in frequency and severity; the patients were then placed under the bromide of potassium; they went for two months without one fit; they then returned to the bromide of lithium, when they had three fits during the same length of time. They have been now ten months under the bromide of potassium, and one of them has had only one fit. The other patients, eight males and twelve females, have been benefited in a decided manner by the bromide of potassium. In five cases where the bromide of potassium failed to arrest the fits and maniacal excite-

ment, the bromide of lithium—forty grains within three hours—did not act more effectively. Then again, twenty grains of bromide of lithium taken three times a day, by two adolescent female epileptics, superinduced great congestion of the kidneys, a condition, indeed, verging on nephritis.

I cannot say that I have noticed any positive uniform results of the bromide of ammonium in epilepsy, although Brown-Séquard holds that the combination of the bromide of potassium and the bromide of ammonium increases their good effects in this disorder. The latter exerts a special action on the larynx and pharynx, lessening their reflex sensibility, and producing, after at first stimulating the nervous system and cardiac activity, cerebral congestion and stupidity in less doses than any of the bromides hitherto considered. The unbroken current of evidence furnished by experiments I have repeated in hospitals and on private patients leads me to the conclusion that there are no real adjuvant effects derived from the association of the bromide of potassium with the bromide of ammonium; that in epilepsy the same benefit is derived from the use of the bromide of potassium alone; and that I do not recall to mind one single instance where the bromide of ammonium, in doses of from ten to thirty grains three times a day, continued for as long a time as fourteen months in different cases, has arrested the fits, although it diminished them in a few instances at the commencement of the treatment. Let me again state that conium and ergotine were, under the circumstances, also administered with the bromide of ammonium. Nor have I remarked, as advanced by Brown-Séquard, that the two salts under consideration, combined in large doses, would not produce bromism, while a smaller dose of either alone would produce it,—a fact which has been contradicted by our experience at the Hospital for Epileptics and at this asylum. I may further assert that the addition of the bromide of ammonium to the anti-epileptic mixture has very often superinduced dyspeptic trouble, with strong objection on the part of the patients to persevere with it.

I have administered the bromide of cadmium to three inveterate epileptics,—one male and two females. The bromide of potassium had been employed in their cases with very unsatisfactory results. They had attacks almost daily, attended in the male with mania, lasting from two to three hours. One of the females had also *petit mal*. I began with half a grain of bromide of cadmium in half an ounce of orange-flower water three times a day. The effects were not so perceptible with the man as with the women, who experienced a feeling of sickness at the stomach, purging, and marked diminution of the pulse, falling respectively down from 86 to 72 and from 90 to 74. They also complained, upon taking the third dose in the evening, of a very strange feeling in the head, sickness with burning at the stomach, great looseness of the bowels, and thirst, and one of them had a severe fit, after which she remained more disturbed than usual, and vomited. Both women were so much upset by the bromide of cadmium that they refused to take it any longer. Both were adolescents.

One grain of the salt, prescribed as above, determined the most prompt and pronounced effects in the man, while he was in a state of epileptic insanity. In less than ten minutes he was covered with a clammy perspiration, and seized with nausea and vomiting, until he fell into a semi-comatose condition, with pupils enlarged, very feeble pulse at 46, slow action of the heart, involuntary passage of urine, and such general prostration and copious purging that stimulants had to be administered to him and warm applications constantly kept to the skin. He recovered from this condition in about two hours, still raving, very thirsty and depressed, and had two successive fits in the night, followed by great excitement. This man was an adult: the violent vomiting with purging and extreme depression observed in his case, as well as the results exhibited by the two women, discouraged me from persisting in further experiments with the bromide of cadmium, which, as already shown by Belgrave, is a powerful emetic, capable of operating on the nervous system only in an indirect manner.

Turning now to the bromide of potassium, I may assert that, by itself, it has not in epilepsy the beneficial effects which it acquires when combined with conium and ergotine, to suspend reflex excitability of the spinal cord, which is one of the most important elements in the production of convulsions. It is also necessary to remark that ordinarily the hypnotic properties of the bromide of potassium are powerless to subdue mental excitement in epilepsy or insanity, unless we administer the salt associated with some other narcotic,—a fact of great practical value, but hitherto unnoticed by authors. In epileptic insanity, in mania, in delirium tremens, large doses of bromide of potassium, given alone, generally fail to put the patient to sleep; if any drowsiness be superinduced, it does not last long, and on the patient coming out of it, the maniacal excitement, whether epileptic, alcoholic, or of any other nature, recurs with its former intensity. Let, however, conium, cannabis indica, hyoscyamus, or, better yet, ergot of rye, be added to even moderate doses of the bromide, and the result will be a prolonged and refreshing sleep, followed by quietness. A combination of chloral and bromide of potassium in equal parts, from fifteen to twenty grains of each, is also most useful to produce sleep when either of them alone fails as an hypnotic. Experience, therefore, bears me out in stating that, ordinarily, in insanity large doses of bromide of potassium are ineffectual to induce sleep or to arrest great mental excitement, unless associated with some narcotic. My results with opium in epilepsy have been of an unfavorable character. I have found that opium has only tended to increase the violence and severity of the attacks, and has proved powerless against the maniacal excitement attending the fits. Morphia may, with great precaution, be employed as a cerebral tonic to induce quietude and sleep, after a series of fits, when epileptics remain devoid of all energy and very low, but even then it is a dangerous medicine and very uncertain in its results. I have successfully employed morphia and bromide of potassium associated, or alternating with each other, in melan-

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cholia, as suggested by Belgrave, and I have further noticed the corrective influence of the bromide of potassium over opium, pointed out by Professor Da Costa of Philadelphia; but, I repeat, my experience with opium, alone or with the bromide, in cases of epilepsy, has been unsatisfactory.

I have long ago shown at my clinics that, unless administered along with large doses of ergot of rye and conium, the bromide of potassium has very little or no influence on the *petit mal* or epileptic vertigo,—a fact which has been more recently corroborated by Voisin, but simply in reference to the inefficacy of the bromide to dispel said attacks of *petit mal*. I may make the same remark concerning the treatment of epileptic insanity.

(To be concluded.)

A CASE OF SUPPOSED PERIOSTITIS IN THE NEIGHBORHOOD OF THE FORAMEN MAGNUM.

BY FREDERICK P. HENRY, M.D.,

Philadelphia.

THE principal, although not the only, point of interest in the following case is the fact that the study of the mechanism of one of our commonest movements—that of nodding the head—was the only means by which the seat of the disorder could be ascertained.

T. H., æt. 30, driver of a street-car, came to the Catharine Street Dispensary on the 30th of January, 1872, complaining of a tingling sensation in both hands and arms, "as if they were asleep;" also of a feeling of weakness and numbness in both upper extremities. The tingling is not constant, but is at once produced by taking hold of anything, whether gently or with force. For example, in turning the brake of his car he feels it; he also feels it when he takes out his watch. He can produce it at any time by slightly bending his head forward, as in the act of nodding. This act, by the way, is performed when he looks at his watch, and probably is when he turns his brake; so that it is extremely doubtful whether, instead of ascribing the abnormal sensation to the contact of the foreign bodies, he should not have ascribed them to the accompanying motion of the head.

Occasionally he has momentary attacks of vertigo and dimness of sight, during which his face feels very hot. His appearance is that of a man in exuberant health. He stands erect and firmly on his legs. He has a fine color,—too much color, one would say *after hearing the symptoms*,—although it seems to have been habitual. His appetite is good; he sleeps well; he is neither fat nor lean, but well nourished, and, in fact, were it not for the symptoms detailed above, his physical condition would leave nothing to be desired.

On first seeing the patient, I had little time to bestow upon his case, but, perceiving it to be one of some interest, I determined not to lose sight of him.

I prescribed ten grains of the bromide of potassium three times a day, and two compound cathartic pills for three nights on going to bed.

February 5.—He has taken his medicine regularly, but the symptoms remain the same; he thinks, however, that he feels decidedly weaker. I prescribed iron and quinine,—somewhat empirically, it must be acknowledged,—ordered him to attend to the state of his

bowels, and to take a hot foot-bath every night on going to bed.

February 13.—At this interview I examined the patient more carefully as to his previous history than I had done hitherto. I ascertained that in the month of June, 1871, he had a chancre situated upon the frænum præputii, followed by three non-suppurating buboes, two of which were situated in the right groin and one in the left. He received no constitutional treatment, but, to use his own words, he "burnt the chancre, and it soon got well." He has had no eruption upon the body, to his knowledge, no sore throat, and no rheumatic pains. His throat, on examination, appears perfectly healthy. There is an enlarged and indurated lymphatic gland upon the back of the neck, to the left of the median line and about one inch from the extremity of the left mastoid process.

At the last October elections (1871) he was wounded with a black-jack over the occipital bone: the scar is situated directly upon the nucha, and extends about an inch below it. After receiving the wound, he remained insensible for three hours. He feels stronger than when last seen, but the tingling sensation is still produced in all the fingers of both hands by slightly bending the head forward.

I made an ophthalmoscopic examination of the right eye, and found nothing abnormal. In the left eye there is an anterior synechia, caused by a prolapse of the iris from a corneal wound, giving the pupil a transversely elliptical shape. I did not examine the left eye, at the patient's request; he stated that it was "weak." I advised him to begin the use of the iodide of potassium; but he thought he had derived some benefit from the last prescription, a small quantity of which still remained, and wished to finish it, to which I agreed.

February 20.—About the same. If there is any change, it is for the worse. By careful examination I ascertained that the tingling occurs during the first stage of the act of nodding, viz., during the movement of the occipital bone upon the atlas. When the act proceeds farther, the tingling is increased. Ordered gr. x of potass. iodid. three times a day.

At this point a few words upon the act of nodding will not be out of place. This act is the product of a combined movement of the occipital bone upon the atlas, and of all the seven cervical vertebræ upon each other. It may, for our present purpose, be divided into two stages, the first stage consisting of the movement of the occipital bone upon the atlas, the second, of that of the cervical vertebræ upon each other. Let any one, preserving the cervical portion of the spine rigid, attempt to bend his head forward, and he will find that the motion—which is that of the occipital bone upon the atlas—is very limited. In order to the full performance of the act of nodding, it is necessary that the whole cervical portion of the spine participate in it. When this is done, the slight anterior convexity of the cervical region is abolished, and, the movement being carried still further, a slight concavity substituted, while the convexity is transferred to that portion of the spinal column which covers and protects the posterior columns of the cord.* The spine of the vertebra prominens, as well as the other cervical spines, becomes more prominent, as any one may observe by placing the hand firmly upon a cervical spine, and bending the head forward.

* The mechanism of this act (nodding) was tested upon a recent section of the cranium and cervical vertebral region.

In an article on "fractures of the odontoid process," by Dr. Stephen Smith, of New York (*Amer. Journal of the Med. Sciences* for Oct. 1871), a number of cases of that accident are detailed. In Case IV., in which there was caries of the atlas and axis, "pricking sensations were felt in the right superior extremity, and there was evidently a loss of muscular power in it." In Case V. there was "fracture of the axis in such a manner as to include the base of the process." It was "not till sixteen months after the accident" that the patient "complained of numbness and want of power in the left arm."

Now, in the case of T. H. a violent blow had been received upon the occipital bone. Cases XII. and XV. of Dr. Smith's article are cases of "fracture from violence applied to back of neck." Taking these facts into consideration,—to wit, that violence had been applied to the back of the neck, probably sufficient to fracture the odontoid process or the posterior arch of the atlas; that the patient had a syphilitic history, and that on bending the neck a tingling sensation was transmitted from the posterior columns of the cord along the brachial plexus to the nerves of the upper extremities and their terminal filaments,—taking these facts into consideration, I concluded that there was *some* lesion in the upper portion of the vertebral column, and I was led to localize that lesion either in the posterior border of the foramen magnum or in the posterior arch of the atlas, by finding that the disordered sensation occurred during the first stage of the act of nodding. What the nature of the lesion might be, I did not pretend to say, but considered it to be one of three things,—fracture, periostitis, or caries.

February 22.—T. H. states that he caught a violent cold on the evening of the 20th, since which he has not felt the tingling, and cannot produce it by nodding. Tried in vain to do so in my presence. Attributes the cure to rest from his ordinary occupation.

The violent cold of which the man complained was simply the effect of his medicine. It was a well-pronounced case of iodism.

I saw T. H. again on the 30th April, two months later. He had rested for several days before returning to his work, since which he had experienced no return of the symptoms that had formerly caused him so much anxiety.

Now, this favorable result of the case only serves to render the diagnosis still more difficult. If the tingling had been constant, I should attribute the disordered sensation to exhaustion of nerve-force in the upper extremities; but in that case the symptom ought to be common among car-drivers, and T. H. stated that he had not known any of his fellow-employees to suffer from it. It was *not* constant, however, being produced by bending the head forward; and I am forced to conclude that there was a slight degree of periostitis causing pressure upon the posterior columns of the cord at its commencement, during a certain movement of the head. The patient was one of those persons, of whom we see so many, peculiarly susceptible to the action of iodide of potassium, and a few doses of the drug were sufficient to cause absorption of the slight inflammatory thickening which had taken place.

NOTES OF HOSPITAL PRACTICE.

JEFFERSON MEDICAL COLLEGE.

SURGICAL CLINIC OF PROFESSOR S. D. GROSS, M.D.

Reported by FRANK WOODBURY.

A LARGE SARCOMATOUS TUMOR IN THE FACE.

THIS boy, who is unusually large and well developed for his age (fifteen years), comes to us from the interior of this State on account of a large tumor in the right cheek, which he first noticed about a year ago. Since then its size has been gradually and constantly increasing, although it is unattended by pain, and he states that his general health is excellent. It has grown so large as to materially interfere with the movement of the jaw, preventing him in a great degree from opening his mouth. It was supposed at first to arise from diseased teeth, and the molars of the lower jaw on the right side were extracted without influencing the morbid action, and the teeth were found to be perfectly sound.

The tumor is now prominent, firm, and resisting; its surface is uniformly smooth, and not tuberculated. The skin above it is apparently normal and not discolored, there are no large subcutaneous veins, and the submaxillary and cervical lymphatic glands are not enlarged or indurated. It seems to send a caudate process around and behind the ramus of the jaw-bone. Examined from the inside of the mouth, the tumor is found to lie immediately below the mucous membrane of the cheek, extending backward toward the tonsil. The gums and alveoli of the upper teeth seem natural. The tumor evidently protrudes into the nasal fossa, but has not encroached upon the orbit, as the eye is natural and not affected. The disease may have begun in the antrum and extended outward to the cheek, and inward, protruding the internal wall into the nasal fossa; or it may have commenced externally and secondarily invaded the antrum.

This is not encephaloid disease. Nor could it be easily mistaken for scirrhus, which is accompanied by sharp, shooting pain, grows slowly, and soon involves the overlying skin, making it discolored, glazed, and hard, like the rind of bacon. In both of these affections the lymphatic glands in the neighborhood would become involved and enlarged early in the disease. If this were an encephaloid disease of the antrum, which often occurs, there would be an increase in the size of the subcutaneous veins in the cheek, some of the teeth of the upper jaw would be displaced, and there would be more or less ulceration of the roof of the mouth, a condition of things which does not exist at all in the present case. This is not melanosis or colloid, but belongs, in all probability, to a class of tumors which have been well defined and described by Virchow, and by him designated *sarcoma*, which is now understood to comprise a variety of morbid growths that had previously been confounded with encephaloid.

Although this tumor is not, in the strict sense of the term, malignant, yet, by its bulk and rapid growth, it might readily threaten the patient's life by involving important structures. If it were allowed to remain, it would soon press upon the pharynx and seriously impair respiration and deglutition. The indication, therefore, is to remove it, and this should have been done long before it attained its present size. Part of it extends around among the vessels of the neck, greatly enhancing the danger of hemorrhage and the risk to the patient. These tumors should always be removed as early in the history of the disease as possible; no other treatment is of the slightest avail; the knife is the only effective remedy. It is true that the

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tumor may, and probably will, return in six, twelve, or eighteen months, but in some cases it does not come back at all, and our patient is entitled to our best efforts to relieve him from the disease and to give him the chance of permanent recovery. He is young, which is a great point in his favor. The disease may recur either in the parts in the immediate neighborhood, or in some of the internal, vital organs, when it will be likely to prove rapidly fatal.

We will give the patient the benefit of the doubt, and, after he is fully under the influence of the chloroform, remove the tumor; but I am not so sanguine of the result of the operation as I should be if the disease had not attained such a strong foothold. The external incision is begun at the commissure of the mouth; we shall endeavor to enucleate the tumor and bring it away entire, if possible. The parts are very vascular, and the facial artery and several smaller vessels require the ligature. The adhesions to the bone are very strong. A large part of the mass extends around the bone toward the internal maxillary artery, deep in the fossa behind the jaw. I shall not use the knife here, but by grasping the tumor with the forceps and twisting them I have succeeded in extracting it by evulsion. The tumor is fibromatous in its appearance, and strongly resembles those which grow in the pharynx and nares, which are called fibroid polypi. The wound is large, and bleeds freely. To check the hemorrhage the wound shall be packed with cotton impregnated with Monsel's solution, which acts as a powerful styptic and antiseptic. He shall have an anodyne, as he may require it, once or twice a day, and, if he does not rest well, a full dose of morphia at night.

October 26.—(Three days after the operation.) The patient is doing well. He is able to swallow food, and the wound in the cheek is granulating. The tumor was examined microscopically and found to be a fibrosarcoma containing numerous spindle-cells.

November 2.—The patient died this morning from exhaustion. He had several attacks of dyspnoea, and last evening, as he could not open his mouth and was breathing badly, I performed laryngotomy, opening the larynx through the crico-thyroid membrane and inserting a double canula. This seemed to give him marked relief, and he was comfortable until this morning, when he sank rapidly. At the post-mortem, made by Dr. Barton, another tumor was discovered hanging in the pharynx, which we were prevented from seeing during life on account of his inability to open the mouth sufficiently. This tumor is about the size of a pullet's egg, and was attached to the mucous membrane between the pterygoid and styloid processes, and explains the difficulty of breathing. Another smaller growth was found depending from the basilar process of the occipital bone. These tumors are of the same character as the one we removed, but evidently entirely disconnected with it, each being distinct. Had the operation been followed by perfect recovery, he would have ultimately perished from these coexisting tumors in the pharynx.

NECROSIS OF THE HUMERUS.

This boy, seven years of age, has disease of the shaft of the humerus, and has been here a number of times during the sixteen or seventeen months that it has troubled him. We have taken out small pieces of dead bone at various times, but did not find the necrosed portion sufficiently separated, or the involucrum strong enough to maintain the shape and usefulness of the arm after an operation.

We find the shoulder partially ankylosed, a fact which is owing probably to the extension of the inflammation up into the joint. To prevent this from becoming permanent, passive motion must be perseveringly em-

ployed until the function is fully restored. On the external aspect of the arm there is a raw surface, which is covered with exuberant granulations partly coated with pus; at the bottom of the ulcer a portion of dead bone is seen protruding. A smaller sinus exists on the front of the arm, lower down.

In giving chloroform, always see that the patient is in a recumbent posture, that his stomach is empty, and that there is no constriction of the clothes. The responsible office of administering the anæsthetic should only be intrusted to a perfectly trustworthy and experienced assistant, who thoroughly understands and exclusively attends to the business. With less precautions chloroform is a dangerous article, although I have used it in over four thousand cases without a single death, an immunity which I attribute to my extreme care in selecting a pure article, and caution in administering it. During the process, if there is a failure of the pulse or respiration, the chloroform should be immediately stopped and restorative measures instituted. The tongue should be pulled forward, with a tenaculum, away from the throat; and cold affusions to the face and chest, flagellation of the nates and extremities, and inhalation of ammonia should be resorted to at once. Should these prove ineffective, an injection may be given of ammonia, either alone or in combination with alcohol, pieces of ice may be inserted into the rectum, and our great restorative agent, electricity, should be employed. These are all valuable means of recovering a patient who has taken an overdose of this potent agent, and one or more of them has, in my hands, always proved successful.

The patient being well influenced, we will enlarge this opening down to the bone and remove the necrosed portion. We will then carefully scrape out the cavity to remove all the carious particles of bone and unhealthy granulations that would interfere with the reparative process. There is always considerable hemorrhage in these cases, because the capillary vessels are clogged with lymph, which prevents their contraction and retraction, and allows more blood to escape than if they were normal. With the bone-forceps we extend the opening in the involucrum, and, with the pliers, extract this large sequestrum, which represents the entire shaft of the humerus. This was caused by an inflammation of the endosteum and consequent death of the bone, by a morbid action of peculiar character, due to an inherited specific taint of the boy's system. New bone was subsequently deposited from the periosteum, forming an investment of living bone, which is termed the involucrum, and the enclosed portion, which afterwards separates, is named the sequestrum, or *sequester*, as I prefer to call it.

After the operation the margins of the openings leading down to the bone are trimmed off with the scissors, as they are unhealthy and interfere with repair. We then scrape the cavity to remove all the spoiled lymph and dead bone, being careful not to remove so much as to weaken the involucrum, lest it might give way, producing a troublesome fracture. The wound is then thoroughly washed out by a stream of water from a syringe, to remove the chips. If the bone should bleed much, as will happen occasionally, the wound should be plugged with styptic cotton.

An emollient poultice will be applied to the wound twice daily, and each time it is changed the cavity will be washed with warm water, to which a little Castile soap may be added if the discharge is offensive. Permanganate of potassa is not needed here. His diet should consist only of the most nourishing articles of food. As a tonic he will have quinine and iron, and a glass of milk-punch daily. After a short time we shall commence with the iodide of potassium, as a general alterant and to counteract the peculiar poison which

produced this disease. The shoulder and elbow joints will be moved every day.

October 19.—The patient is presented. The part secretes laudable pus, and the granulations are now healthy. Bony matter will soon be deposited and fill the cavity in the bone, making it stronger than ever. It will not be as smooth as its healthy counterpart on the opposite side, and the medullary canal will not be reproduced,—the bone always remaining heavier than its fellow.

INFANTILE PARALYSIS.

This little two-year-old, in walking, drags his right foot. His mother states that this condition has existed for two months, and came on suddenly without assignable cause. He was not teething at the time, but had a bad catarrh of the lungs and was very feverish and restless. He has no power whatever in the limb, which is manifestly lowered in temperature. The muscles of the leg, thigh, and buttock are remarkably flabby, and, as he stands before us, the affected limb is thrown outward and the foot is strongly everted. Please notice, that although there is entire loss of power in the limb and the muscles are wasted, yet the gluteo-femoral crease remains natural, and shows no marked difference as compared with the opposite side. In hip-joint disease this would not be the case, as this crease is effaced early in the disease. This is an important diagnostic symptom, and should be borne in mind.

This is a case of infantile paralysis. This affection generally comes on suddenly, during an attack of fever, cholera morbus, cholera infantum, or teething. The little patient will go to bed apparently well, perhaps a little feverish, he is restless and tosses all night, and in the morning when the mother comes to him she finds him unable to walk; he has lost the power of one or both of his legs. This attack may occur at any period of infantile life, but generally occurs toward the end of dentition, when the large molars are coming through. Both limbs are generally involved in the paralysis, but there is never palsy of the upper extremities, no matter how much exists in the lower. The lesion, then, is one existing in the spinal column low down, not in the brain or its meninges, but in the spinal cord near where the sacral plexus of nerves is given off. It is due to an inflammation of the theca, or of the substance of the cord; which is followed by deposition of the usual inflammatory products. The arachnoid membrane of the cord is continuous with that of the brain. It is a serous membrane, and, when inflamed, pours out serum in abundance, and if the morbid action continues there will be an effusion of lymph, plasma and fibrin. This gradually disappears as the child grows better; the absorbents quickly remove the serum and lymph which constricted the nerves, but some of the fibrin may remain and become organized, thus maintaining the paralysis. The tendency of fibrin to organization then teaches us, by prompt measures, to step in and induce the absorbents to carry it off before this occurs. These products press on the spinal cord and nerve-trunks originating at the seat of the morbid action, and interfere with the passage of the nerve-current to the parts which derive their supply from this portion of the spinal cord. If this pathology is correct, then, in this case the pressure must be limited to one side, and the entire spinal cord is not implicated. These are very interesting cases as respects their pathology, diagnosis, and treatment.

The diagnosis is not difficult. The affection comes on suddenly, in a single night, generally during teething. In coxalgia the disease is gradual in its onset; there is considerable pain, referred to the knee, far away from the seat of the disease. This limb can be moved freely in every direction, to a greater extent even than in health; but in disease of the hip-joint the muscles

would be stiff, and moving the limb would produce severe pain; percussion of the heel would also be painful, which you see is not the case here. During the progress of coxalgia the hip becomes swollen and flattened, the gluteo-femoral crease disappears, and the buttock, hip, and thigh form a continuous plane surface. This child is well nourished; his appetite is good, and the digestive function well performed; but in the strumous disease the exact contrary would hold, and the child would be sick.

Be extremely guarded in your prognosis in these cases. Do everything in your power, but promise nothing. As a rule, the sooner treatment is instituted, local and constitutional, the better chance the patient has for recovery. When it has existed for several months, as in the present case, the paralysis is generally persistent. If you are called on the first day, if the child is weaned, you may give a mild laxative to moderate the inflammatory excitement. Over the lower half of the spine sorbefacient applications may be tried, or a blister applied. For the latter purpose cantharidal collodion is the best; but it should not be applied thickly on the delicate skin of an infant. Or, if the blistering ointment is used, it should be diluted with simple cerate, and should not remain on more than two hours at the farthest. The object is to excite the absorbent vessels so as to induce them to remove the effused fluids. Our efforts should not be directed exclusively to the part, but also to the system. About gr. $\frac{1}{4}$ to gr. $\frac{1}{2}$ of mercury with chalk, or blue-mass, may be given thrice in the twenty-four hours. We do not produce ptyalism in these cases, for fear of causing gangrene and sloughing of the cheek or jaw. It is given for the same purpose as when administered in a case of opaque cornea or enlarged testicle, to stimulate absorption. It should be given cautiously, and the patient frequently visited. One foreign leech, or the tincture of iodine, might be applied to the affected spot, but vesication is much better.

This case has become chronic; vesication would be without effect here. The spinal column shall be washed every morning with warm water and shampooed with the hand, then flagellated smartly with the end of a towel wrung out of cold water. This process should also be applied to the affected limb; it will produce reaction, quicken the circulation, and stimulate the muscles. We will give,—

R Tr. saponis camph., f3ij;
Veratrine, gr. x. M.

a small quantity of which is to be rubbed twice daily along the entire spinal column and along the sciatic and crural nerves of the affected limb. This may have to be continued for a year or eighteen months, in order to be effective. The diet should be plain and nutritious. He may take,—

R Potassii iodid., gr. $\frac{1}{4}$;
Hydrarg. chlorid. corros., gr. $\frac{1}{16}$. M.

thrice daily. This will act gradually on the lymph at the seat of the disease, which is the cause of the difficulty, and promote its absorption.

PROPORTIONING DOSES TO AGE.—On this subject the *American Practitioner* for Nov., 1872, quotes the rule proposed by Dr. R. O. Cowling in the first number of that journal. "The proportionate dose for any age under adult life is represented by the number of the following birthday divided by twenty-four: i.e., for one year, $\frac{24}{24} = 1$; for two years, $\frac{48}{24} = 2$; for three years, $\frac{72}{24} = 3$; for five years, $\frac{120}{24} = 5$, etc." [See the *Philadelphia Medical Times* for November 9, 1872, p. 86, for the rules given by Gaubius, by Dr. Young, and by Dr. E. H. Clarke, of Boston.—ED.]

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PHILADELPHIA MEDICAL TIMES.

A WEEKLY JOURNAL OF
MEDICAL AND SURGICAL SCIENCE.

The Philadelphia Medical Times is an independent journal, devoted to no ends or interests whatever but those common to all who cultivate the science of medicine. Its columns are open to all those who wish to express their views on any subject coming within its legitimate sphere.

We invite contributions, reports of cases, notes and queries, medical news, and whatever may tend to increase the value of our pages.

All communications must bear the name of the sender (whether the name is to be published or not), and should be addressed to Editor Philadelphia Medical Times, care of the Publishers.

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SATURDAY, DECEMBER 7, 1872.

EDITORIAL.

TROUBLES IN NEW YORK.

THE Commissioners of Public Charities and Correction in the city of New York would seem themselves, if the statements in the daily papers of that city are to be relied upon, to need some correction. How they are appointed we do not know, but we presume by the Legislature; they are five in number, and have the control of hospitals and asylums containing four thousand one hundred and six beds.

On the 8th of November they summarily removed Dr. M. G. Echeverria, from whose contributions to our columns our readers can judge of his professional ability, from the post of resident physician to the Ward's Island Lunatic Asylum. The troubles which preceded and led to this action are detailed by Dr. E., in a communication to the mayor, occupying a column and a half in the *New York Times* of Nov. 26. This letter sets forth an extremely disgraceful state of affairs, against which its writer seems to have manfully but vainly protested. Some part of his own action, if we understand it rightly, was impolitic, although taken in all honesty and good faith; but the commissioners appear to have been entirely reckless of their duties, discourteous and overbearing to their medical officer, and obstinate in their refusal to carry out any suggestions for the reform of most glaring abuses. No wonder they wanted to get rid of Dr. Echeverria, who could not be made a tool or an accomplice in their maladministration of their trust. We are curious to see

what defence they will set up against his telling charges.

In the Bloomingdale Reception Hospital the Board seem to have had physicians more of their own stamp. An affidavit is made by a young colored woman, taken there in an epileptic attack, to the effect that she was most cruelly and indecently treated. One of the commissioners, in answer to an inquiry, said, "We have approved the conduct of the physicians, and there's an end of it." Since, however, the attention of the Grand Jury was called to both institutions, and this body was to hold an investigation, we may hope for a result more satisfactory to the public. We have, as yet, seen no mention of any further disclosures, either for or against the commissioners.

"SCOTCHED, NOT KILLED."

WHEN the Pennsylvania Legislature revoked the charters of certain diploma-selling institutions in this city, on the 20th of March last, there were perhaps some of the simple-minded who thought that the trade was destroyed, and that those who had plied it would be driven either to honest occupations, or to some other branch of pocket-picking. One of these "colleges" has indeed ceased to exist as such, and, with a sort of grim humor, an "intelligence office" has been set up where its Dean used to carry on his nefarious traffic. The other, at 514 Pine Street, is in full blast, and an advertisement of it, on the same page with that of the Hahnemann Medical College of Chicago, in Braithwaite's Advertising Department, is now before us. Forty dollars is the sum demanded for a course of lectures in this seat of learning, which certainly seems cheap, as the homœopathic school charge eighty-five; but perhaps, the quality of the article furnished being taken into the account, even forty dollars would be too much.

We are also in receipt of a letter from Poitiers, in France, asking what is the value of the diplomas of this forty-dollar college, and saying, "It is true that this university has had his charter revoked by the General Council of Pennsylvania, and it is yet able to deliver degrees and diplomas."

Another letter, now also before us, will explain how and why this business of selling diplomas can be carried on. It is dated Hong Kong, Oct. 12, 1872, and reads as follows:—

"TO THE SECRETARY AND REGISTRAR, COLLEGE OF SURGEONS AND MEDICINE, PHILADELPHIA:

"SIR:—Being an English qualified medical practitioner, I have the honor to request you will grant me

an American diploma of medicine, in order that I may be enabled better to practise under the American flag. Satisfactory proof of my qualifications may be had, and the Oriental Bank will accept any draft at sight that may be necessary to draw to cover fee, expenses, etc.

"I am, sir,

"Yours obediently,

"JAMES WILKINSON, M.D., F.R.C.S."

So long as there are men who are willing to pay for diplomas irregularly obtained, there will always be men ready to furnish them. The above is only a sample of numerous similar applications we have seen. It is the demand which creates the supply; all that is necessary is to print the certificates and to sign them, and then to arrange for their transfer, which is a matter of no difficulty.

The only puzzle which remains is, how an institution, the charter of which has been revoked, can be maintained in full career, under the same name, and without any apparent change. Is a charter unnecessary? We believe the spleen has been occasionally removed from some of the lower animals, seemingly without harm; and perhaps a charter, in the lower forms of medical colleges, can be in like manner dispensed with. We cannot very well ask "Dr." Joseph Sites, the "Dean of the American University of Philadelphia," about this, but we wish he would tell us, if he knows.

ERRATA.—In the *Times* for November 23, 1872, No. 56, in Dr. Mitchell's lecture, the word "vasal" was twice wrongly printed "basal," in the second paragraph on p. 115.

Also, on p. 127, the Endowment Fund of the Hopkins Hospital in Baltimore was said to be \$2,000,000. It should have been stated at \$200,000.

PROCEEDINGS OF SOCIETIES.

PATHOLOGICAL SOCIETY OF PHILADELPHIA.

THURSDAY EVENING, OCTOBER 24, 1872.

THE PRESIDENT, DR. J. H. HUTCHINSON, in the chair.

DR. F. P. HENRY exhibited a *gall-bladder enormously distended by biliary calculi*, and read the following history:

M. K., æt. 68, female, single, was first seen by me on the 15th August, at which time she was suffering from abdominal pain and tenderness, most severe in the right hypochondriac region. There were no other symptoms, if we except a marked tendency to constipation. The lungs were sound, appetite good, and during the whole period of my attendance (upwards of two months) there was no nausea or vomiting. There was nothing to direct attention to the kidneys, but the urine was tested with heat and nitric acid, and found

free from albumen. No abdominal tumor was discovered at this time, although palpation was made, but the tenderness was too great to admit of its being thoroughly performed. There was a good deal of tympanitis.

The pain was soon relieved by morphia and warm fomentations, and for several days the patient was quite comfortable, and able to walk about the house. The same symptoms returned, however, and continued to do so at varying intervals, the longest being about two weeks, the shortest two days, until the attack preceded her death.

I have made no note of the date at which I discovered a tumor in the right hypochondriac region, but think it was somewhat more than a month ago. This tumor, instead of aiding in the diagnosis, served rather to mislead. It was hard, very tender, and distinctly nodulated. I concluded that it was a cancerous tumor of the liver. Any one, by feeling the specimen, and reflecting that when I first felt the tumor the thick abdominal walls were interposed, will perceive how the sensation communicated to the hand was so modified as to lead to this error. The attacks of pain became more and more frequent, each one further reducing the strength of the patient, until the final one, which occurred on the 17th. It was controlled by the means which had always proved successful,—morphia in divided doses until half a grain had been taken,—but the patient did not rally. She gradually sank, retaining her faculties until within a few hours of her death, which occurred on the evening of the 20th. During the last two days of life there was a slight amount of jaundice.

The *post-mortem* examination, in which I was assisted by Dr. Nancrede, was made sixteen hours after death, the abdominal cavity alone being opened. The first object searched for was the tumor which had been felt during life, and which proved to be the gall-bladder distended with calculi. It was firmly adherent to the hepatic flexure of the colon, which rendered its removal somewhat difficult. The cystic duct was severed at its origin, and two calculi escaped, which, however, have been preserved. A portion of the liver was removed with the gall-bladder. The liver was rather small, its tissue soft, readily breaking down under the finger; and the bile-ducts were dilated in all directions. It was adherent by its upper surface to the diaphragm over the greater portion of the right tube. Under the microscope the hepatic cells were found to contain an abnormal quantity of oil-globules. The stomach, on its posterior surface, was covered with a number of punctated ecchymoses, and was quite empty. The kidneys were of natural size, and somewhat congested; the capsules were not adherent. There were a number of minute cysts covering the surface of both kidneys, the largest being about the size of a split pea. Under the microscope the uriniferous tubules appeared perfectly healthy. The bladder contained about an ounce of a fluid which had little resemblance to urine. It looked like beef-tea, and when allowed to stand deposited a substance exactly resembling shreds of beef; under the microscope this deposit was found to be composed of the epithelium of the bladder. The large intestine was filled with scybalous masses of a dark-brown color, and about the size of a walnut: several of these were examined, but no calculi were found.

In this case the paroxysms of pain were probably due to traction upon the adhesions existing between the gall-bladder and colon, rather than to the passage of calculi; the traction being caused by distention of the colon from flatus or fæces. I am led to this conclusion from the facts that relief invariably followed soon after the operation of an enema, that the jaundice

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which would have occurred had there been obstruction of the common bile-duct was absent, and that there were no calculi in the intestines.

Dr. R. M. BERTOLET presented to the Society, for Dr. J. S. COHEN, a *larynx and trachea, with extensive tubercular ulceration in the former, necrosis of the right arytenoid cartilage, and multiple enchondromata of the tracheal rings*.

The main points of clinical interest in connection with the accompanying specimen, as kindly furnished to me by Dr. Cohen, are as follows:

The subject, a man forty years of age at the time of death, had complained during several years of an obscure pain at the left side of the larynx. Some three years ago occasional hoarseness occurred, and on two or three occasions a slight hemorrhage; the general health appearing intact. A laryngoscopic examination made at this time was negative, there being evidence of general congestion of the upper portion of the larynx only. On September 3, 1872, the patient was again submitted to laryngoscopic examination, in consequence of active disease of some five weeks' duration at the old seat of pain, which had gradually increased in severity, and was attended with paroxysmal cough, profuse expectoration, and great difficulty of swallowing. During the interval between these two examinations the general health had been good, up to the period mentioned, permitting the patient to attend to his business and work hard at it; but there had been occasional hoarseness, with more or less constancy of the localized pain. Physical exploration of the chest revealed only questionable impairment of respiratory murmur in the upper lobe of the left lung, attended with slight mucous râles, very much masked by the large mucous râles in the larynx.

Laryngoscopic inspection revealed a large circumscribed swelling of the left arytenoid cartilage, obstructing a view of the interior of the larynx. This was incised twice in rapid succession, producing a trifling hemorrhage followed by cough and expectoration, and attended with considerable relief to the local symptoms. No pus had been discharged, but the swelling seemed smaller, and deglutition became practicable. In a few days a discharge of pus occurred, followed by abatement of the local symptoms, and ability to swallow without difficulty. In the course of a week or two fresh symptoms of dysphagia supervened, compelling the exhibition of nourishment per rectum. The swelling, which had at no time completely subsided, was now distinctly acuminated, and was accompanied by moderate swelling of the opposite side. The vocal cords were apparently intact, but thickened; and no evidence of ulceration was visible about the epiglottis or in any portion of the larynx. Day by day this pointed swelling became more prominent, finally almost touching the epiglottis, and the patient declared he could feel it press the epiglottis whenever he made an attempt to swallow. It was the necrosed arytenoid cartilage working its way to the surface, but making little if any progress towards exfoliation.

Extensive infiltration of both lungs now supervened, followed by broncho-pneumonia, which terminated fatally in a few days, death occurring October 20.

Dissection, forty-three hours after death. The necrosed arytenoid cartilage was completely denuded, but firmly attached at its articulating surface, which had not apparently undergone any change; the vocal cord of that side, and the posterior portion of the ventricular band, had become obliterated by ulceration, and there was ulceration of the lower portion of the epiglottis on the same side. The trachea was intensely congested, but its mucous membrane was intact, save, here and there, evidences of the ulceration of a few glands. But the point of special interest was an irreg-

ular arrangement of hard nodules sprinkled over the anterior surface of the trachea, of cartilaginous or even bony consistence to the touch.

The lungs were disorganized throughout, and studded with small abscesses.

The patient was of a tuberculous family, several of whom had succumbed to ordinary phthisis.

The chief interest in the case, apart from the enchondromata upon the tracheal cartilages, is the prolonged evidence of laryngeal disease prior to involvement of the lung, and the rapid infiltration of the entire mass of the lungs so shortly before death.

Dr. COHEN had submitted the specimen for minute examination to Dr. Bertolet, who remarked that these cartilaginous tumors showed under the microscope the presence of hyaline cartilage, with interspersed points of ossification. It is worthy of note that these small out-growths are mostly seated upon the centres of the tracheal rings, and do not spring from their upper or under margins, as is generally the case: in the latter site, by their union and subsequent ossification are formed those specimens of osseous tracheas to be found in almost every pathological museum.

The very minute size of nearly all these enchondromata, their yellowish-white color shining through the intact mucous covering, their aggregation into small groups, all lend a very deceptive appearance to this trachea, which in a superficial examination might easily be mistaken for caseous degeneration of miliary tubercle or of the mucous glands.

Tumors formed by enchondrosis of the laryngeal portion of the respiratory tract have been frequently observed, especially since the days of laryngoscopy, and in this situation they generally attain such dimensions as to imperatively demand operative interference.

Although great activity has of late years been manifested by laryngoscopists in discovering and studying new growths in the respiratory tract, I am not aware of a single case in which tracheal chondromata have been seen and diagnosed in this way. The insignificant size that they had attained in the present instance precluded the possibility of their detection during life.

Dr. BERTOLET also presented a *larynx and trachea removed from a tuberculous patient*.

The very extensive ulcerations of the ventricular bands and of the vocal cords have, in this specimen, almost entirely denuded the vocal processes of the arytenoids, which are seen projecting into the laryngeal cavity as white prominences. These cartilages have, in a remarkable manner, escaped any necrotic destruction, such as is frequently met with in cases of so-called "laryngeal phthisis."

The greatest amount of destruction has occurred at the three chief centres of the laryngeal mucous glands, the Morgagnian ventricles, ary-epiglottic folds, and the base of the epiglottis. Had this been a syphilitic process, we should not have found the tip of the epiglottis thus unaffected; it would have been more or less indurated and ulcerated, if not entirely destroyed.

The mucous membrane of the trachea is in a condition of catarrhal inflammation. Its mucous glands are filled with retained secretion that has undergone fatty degeneration, which can easily be emptied from their orifices by pressure.

In not a few glands this has already been accomplished during life by an ulcerative process. So that we find the mucous membrane studded with numerous small circular ulcers, having a muddy yellow base and sharply defined edges.

The most careful microscopic examination of the infiltrated zones of these ulcers and of the adjacent tissues failed to reveal the presence of any deposits in them of miliary tubercle.

It is still a mooted question among pathologists whether or not the presence of tubercles is the initial point of laryngeal ulcerations. There are certainly no traces of the tubercular element in this case.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

Dr. J. G. STETLER, VICE-PRESIDENT, in the chair.

At a conversational meeting held October 23, 1872, at 8 o'clock P.M.,

Dr. J. S. ESHLEMAN presented one of his patients, a case of united fracture of the tibia.

The family doctor being absent when the accident occurred, he was called upon to adjust the fracture. The line of fracture is transverse, and within an inch of the lower extremity of the bone; it was caused by the wheel of a cart. It was with difficulty that any displacement could be produced, or crepitation elicited, but, the patient being put under the influence of an anæsthetic, both were satisfactorily obtained, to which Dr. E. called the attention of two surgeons present and assisting at the time. The limb was adjusted in the fracture-box, and the family told to have their physician take charge of the case on his arrival. This is the last Dr. E. saw of the case. The family physician, his assistant, and the boy's father, state that the boy disengaged his limb and commenced hobbling about in the house during the third week, and walked the streets during the fourth week. I met him out and walking well in the fifth week. As the existence of a fracture in this case is doubted, I submit it for the examination of the surgeons present.

Is there a form of union by "first intention" in bone under favorable circumstances?

Dr. J. G. STETLER stated that the boy G. M., æt. 10 years, presented by Dr. E., was treated by Dr. Newcomet and himself, after the first dressing. He had been the family physician for some years. When he arrived, several hours after the accident, he found the leg placed neatly in the fracture-box. As the boy was very comfortable, the dressing was not disturbed. This was June 6, 1872. He saw the patient again on the 7th, 8th, 10th, 13th, 17th, and 23d. After the subsidence of the swelling, he examined carefully the supposed fracture, and came to the decided conclusion that the bones could not have been broken, as the union seemed complete. This was on the 23d, and, to gain time, he replaced the limb in the box, and permitted it to remain until the 29th. The dressing was entirely removed, and the patient allowed to sit at the window. Not being satisfied with this, the lad in a day or two began to move about the house, and went out on the Fourth of July. He mentioned that there was no extension or counter-extension in this case. He believed fully that the boy could have walked as well on the seventeenth day after the accident as he did on the twenty-eighth.

Could there have been a fracture with complete union on the seventeenth day? He and Dr. N. thought it impossible.

Dr. WASHINGTON L. ATLEE thought there must have been a fracture, from the amount of callus which had evidently been thrown out.

Dr. W. B. ATKINSON asked Dr. Atlee if he had employed the starch bandage as modified by Dr. Peck, of Iowa, and explained by him at the Surgical Section of the American Medical Association (see vol. xxiii. p. 563 *et seq.*).

The views expressed by Dr. P. appeared sound, and in the opinion of Dr. A. this modification merited the attention of the profession.

Dr. M. O'HARA called the attention of the meeting to the present "epizootic" among horses.

Dr. J. SOLIS COHEN remarked that the use of sulphurous acid, by fumigation, inhalation, and internal administration, might be profitably employed as a cure or preventive. Sulphur or the hyposulphites could be administered internally, and sulphurous acid be used by inhalation, either from sulphurous acid water of the British Pharmacopœia, or from the fumes of burning sulphur; while the sulphurous acid fumes from burning sulphur could be employed from time to time to fumigate and disinfect the stables. From analogy, he would expect more benefit from sulphurous acid than from any other agent.

Dr. A. G. B. HINKLE exhibited the fragments of a large nipple-shell, which he had removed from the vagina of a patient over eighty years of age, who had worn it as a pessary for more than four years. The removal of it was attended with considerable difficulty, as it resulted in fracture of the glass, and considerable cutting of the parts, as well as of the fingers of the operator.

The mode of removal was by passing a wire hook into the central aperture of the shell, with the forefinger of the right hand introduced as far up as possible upon the convex surface of the same, while gentle traction was attempted with the left hand. The glass yielded to the force of traction, and the operation was completed by removal of the fragments with the fingers. The patient made a good recovery.

Dr. W. L. ATLEE suggested that by introducing the finger into the rectum the removal might have been facilitated.

Dr. WILLIAM GOODELL remarked that he was once compelled to use the knife in extracting a ring pessary. For two years it had not been removed from the vagina, and at the end of that time fully one-half of it had become imbedded in the walls of the vagina, through the arching over and union of the granulations produced by pressure.

GLEANINGS FROM OUR EXCHANGES.

ON THE SEQUESTRATION OF ALLEGED LUNATICS.—In the *Journal of Psychological Medicine* (New York) for July, 1872, there is a valuable article on this subject by Dr. R. W. PARSONS, Superintendent of the New York City Lunatic Asylum.

The question lies between the avoidance of needless irritation and annoyance to the patient, and obstructions to the early adoption of hospital care and treatment, and the providing of safeguards against the confinement of sane persons by mistake or intention.

Against submitting cases of alleged lunacy to investigation by jury are urged: 1, the inefficiency of the method; 2, the delays, annoyances, and publicity involved in it; 3, the opposition of friends, leading to neglect of needful restraint.

Some superintendents think patients should be taken to asylums just as the sick are to general hospitals.

A middle course is prescribed by the laws of the State of New York, two respectable physicians examining the patient and making affidavit of his insanity before a magistrate, who thereupon commits the person in due legal form, retaining the affidavits as his vouchers. [In Pennsylvania the physicians merely make the affidavits, which are endorsed by a form signed by the magistrate.] Practically this is open to some objections.

"Since the year 1847, no less than one hundred and twenty-five persons who have been committed to the New York City Lunatic Asylum as insane have been discharged as improper subjects. During a single year

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forty persons have been discharged from American asylums as having been *not insane* at the time of their admission. Many such cases are admitted every year."

Among the mistaken conditions are: delirium of fever, intoxication, acute cerebral congestion or inflammation, debility, eccentricity, imbecility, senility, feigned insanity; cases are sometimes wrongly diagnosed through ignorance, want of care, too great reliance on the statements of others, and faulty methods of investigation. Transient mania has sometimes been wrongly thought to require commitment to an asylum.

Dr. Parsons adduces eleven illustrative cases, among them that of Miss Montez, so much talked of a few years ago in the daily papers. He comments upon the vague interpretation of the term *dangerous*, which by the laws of New York the examining physicians must consider applicable to the patient in making out their affidavits.

He thinks the examinations should be made by the physicians separately and independently, more than one visit being made if necessary. It must, of course, be upon his own personal observation that each one acts.

Information can be obtained from others as to the character and duration of the insanity, and the habits and conduct of the patient. Sometimes it is better that this should precede the personal examination. The motives of witnesses,—such as revenge, hatred, desire to get rid of trouble, avarice, the desire to put away inconvenient testimony, etc.; or of the patient,—to escape punishment for crime, to evade pecuniary liability or disadvantageous contracts, or to secure a comfortable home,—must be considered.

The examining physician must act not on a mere vague impression, but should be able to give the reasons for his belief in such terms as would be intelligible and convincing to other intelligent physicians. All his facts should be reduced to writing at once, distinction being made between those derived from his own observation and those based on the testimony of others.

These statements should be transmitted, with the patient, to the asylum, being important guides, sometimes, even to the identification of the proper person to be detained.

It is highly desirable that the examining physician should be aware of the circumstances relating to the patient's mental and physical condition for a short time previous to his commitment.

Dr. Parsons proposes that blank forms should be employed, in four divisions: 1, a personal description to mark the identity of the patient; 2, the facts in the case, as observed by the examining physician; 3, the statements of other parties to him; 4, the actual state of the patient.

The question arises whether these examinations, investigations, and affidavits should be made by general practitioners as at present, or by experts authorized by law to attend to this duty. Dr. Parsons favors the present method, and gives strong reasons for this view. He justly advocates the more thorough teaching of the subject of mental diseases in medical schools.

Two classes of cases are not now satisfactorily provided for: 1, criminal lunatics, or such as in any way become the subjects of legal investigation; 2, those in whom no evidence of insanity could be detected by the examining physicians, but who are believed by unprofessional observers to be mentally unsound. Dr. Parsons is inclined to think well of the appointment, in such cases, of courts of inquiry, composed of men thoroughly informed on the matter of insanity; these courts or commissions being clothed, in their peculiar

province, with the powers and privileges of other courts.

THE VIENNA ASSOCIATION for Psychiatry and Forensic Psychology met on the 26th of October, the Vice-President, Dr. Leidesdorf, presiding. The death of Dr. Spurzheim, the late President, was announced, and a eulogy of his character delivered by Dr. Gauster.

A discussion followed upon the mode of dealing with the dangerous forms of insanity, especially as intercurrent upon other diseases, Drs. Beer, Leidesdorf, Flechner, Meynert, Schlager, and Maresch taking part. The matter of the sequestration of such patients, with the reasons for so doing, and the protection of the physicians assuming the responsibility, was referred to a committee consisting of Drs. Maresch, Meynert, and Gauster, to be further reported upon.

THE DANGERS OF OPERATIONS ON THE NECK OF THE UTERUS.—M. Alph. Leteinturier (*Archives G n rales de M decine*) draws the following conclusions from his observations:

1. Operations (even when slight) upon the neck of the uterus may prove the *point de d part* of serious affections.

2. In such cases, more or less ancient lesion of the uterine annexes is discoverable. The operation seems, so to speak, to awaken the old inflammation.

3. Three circumstances may be referred to as favoring and explaining this: 1, a partial lymphangitis, commencing at and spreading from the neck of the uterus; 2, general congestion of the pelvic organs; 3, a congestion localized in some part of the genital system, occasioned by a reflex action originating in the cervix.

AMYLOID DEGENERATION.—It is well known that amyloid degeneration is very common after long-continued suppurations, especially of bones and joints. But Professor Cohnheim (*Virchow's Archiv*, vol. liv. pts. 1 and 2) gives three cases in which it was found after a suppuration of joints of only some months' duration. The suppurations occurred in healthy men from wounds received in battle. The spleen was affected in all the three, and the kidney in one, so that the amyloid degeneration was in an early stage. The author has no doubt that the degeneration was the result of the suppuration, and the cases are remarkable on account of its occurring after such a short period.

REPEATED SMALLPOX.—The *Boston Medical and Surgical Journal* says that a woman recently died in Boston of smallpox who had, only twelve weeks previously, recovered from an attack of the same disease. In the first instance, she gave the disease to several others in the family; in the second, it took on the hemorrhagic form.

Not many months ago a child, not over a year old, died in Boston of a well-authenticated second attack of smallpox.

These cases show that recurrence depends upon individual susceptibility, and not on the length of the interval between the two exposures to contagion. In other words, it is not a "wearing out" of protection that causes the second attack.

ELECTROLYSIS.—In the number of this journal for September 2, 1872, there was given an abstract of the first part of Drs. Beard and Rockwell's paper on electrolysis (*Medical Record*, July 15). The following additional cases are published in the *Medical Record* for October 18.

Case XIV.—Mrs. P. Recurrent fibroid tumor under the ear, the size of the closed fist. The growth appeared ten years before, and was entirely painless. It had been twice extirpated. Several external applica-

tions of galvanism were made without reducing the size of the growth, but enabling the head to be moved more freely. Twelve electrolytic applications were then made by introducing a single needle into the tumor, and in two months there was marked diminution in its size. After each operation a large amount of hydrogen gas escaped through the opening made by the needle.

Two needles were now used. The cells were increased from twelve to twenty, and the needles left in for fifteen minutes. There was great swelling and pain after this operation, followed by a discharge which lasted two months and caused a further reduction in the growth. During the next six or eight months the treatment was continued, and the tumor is said to have decreased in size gradually until it had reached one-third its original bulk.

Case XV.—Cystic tumor of the submaxillary region, the size of a walnut. After the first operation there was considerable sloughing, but the tumor was no smaller. The second operation was done by "working up the base." This appears to consist in passing needles connected with both electrodes between the diseased and the healthy tissue. The tumor seemed to be entirely removed after this treatment, but subsequently a growth the size of a horse-chestnut reappeared in the same locality. This was enucleated by Dr. Crosby, and the base electrolyzed. The wound healed rapidly, leaving but slight deformity, and the cure seems to have been permanent.

(In this case it is hard to say how much of the successful result was due to electrolysis. In the second and third operations the growth was removed by the knife before the application of galvanism, and in the ulcer which remained—one and a half inch in length and half an inch in depth—the edges had to be brought together to hasten union.)

Case XVI.—Epithelioma of upper lip. Very painful. Three needles connected with the negative, and two with the positive pole, were introduced into the tumor. Sixteen zinc carbon cells were used. The operation was performed twice, with the result of the entire removal of the growth and leaving but slight cicatrices. No return of the disease after one year.

Case XVII.—Scirrhus of the breast. Four needles connected with the negative pole were inserted into the breast; the positive pole—a large sponge—being placed under the gland. The pain, which had been intense, was immediately relieved, and in a week the tumor had decreased to one-half its original size. The same operation was repeated in ten days, but the patient left the hospital on the next day, and, unfortunately, has been lost sight of.

Case XVIII.—Scirrhus of breast. Pain greatly relieved by external galvanism, but no alteration in size from electrolyzation with a very powerful current.

Case XIX.—Scirrhus of breast. In this case the terrible pain was at first very much mitigated by the use of the induced current, and afterwards still more relieved by the external use of galvanism. After three operations by electrolysis the greater part of the tumor sloughed off, and the patient seemed relieved of pain, but finally died of exhaustion.

Case XX.—Epithelial cancer of vagina, rectum, and external parts. After eleven electrolytic operations the growths, one of which was half as large as a cauliflower, and protruded from the vulva, were removed. The extreme pain was alleviated, but the disease subsequently returned, though with less rapidity.

In this case, the authors note the value and limitations of electrolysis in malignant tumors, and point out: 1. Its power to control hemorrhage. The growth was so vascular that it bled on the least touch, but in all the electrolytic operations but little blood was lost. 2. No

shock was caused by electrolysis. 3. Better healing, and more tardy reappearance of the growth, than after the ligature or other means which had been applied. 4. The severe irritative fever that sometimes follows this operation. 5. The utter inability of even the most thorough electrolyzations to eradicate the growth in those parts where it was connected with the mucous membrane.

BRONCHOCELE.—Dr. Fenwick (*Canada Medical and Surgical Journal*, Nov. 1872) publishes a report read before the Medico-Chirurgical Society of Montreal, Oct. 19, of a case of fibro-cystic bronchocele operated on by him with success. The tumor was a very large one, consisting of three lobes, and had existed eighteen years, not having increased for four years past; the patient was a Canadian woman, aged 21. Dr. F. made his incision in the median line, divided the fascia covering the mass, and then enucleated the latter. Very profuse hemorrhage occurred, but was controlled. The patient rallied well from a condition of prostration which followed, and on the fifty-first day from the operation she left the hospital with the wound closed.

Dr. F. thought that in any future similar case he would operate somewhat differently, dissecting beneath the whole mass first.

Much difference of opinion seems to have prevailed in the society as to the propriety of such an operative interference.

[We saw about eighteen months since a very similar case operated on with success by Dr. Maury at the Philadelphia Almshouse Hospital. See the *Photographic Review of Medicine and Surgery*, vol. ii. p. 17.]

THE PATHOLOGY OF STAMMERING (Dr. Raffaello Coen, *Wiener Mediz. Presse*, No. 33, 1872).—This author gives the following summary of causes producing stammering:

The pathological cause of stammering is not a primary manifestation (the view hitherto maintained by other authors), but a secondary manifestation, produced chiefly by an anomalous pause in breathing, or by any other pathological condition of the organism. The fundamental condition of its existence is characterized as a central affection of the medulla oblongata, or as a spinal irritation, or as a combination of both pathological conditions. The exciting causes are anger, rage, anxiety, etc., but especially sudden and severe irritation of the nervous system, as, for example, increased excitability of the spinal cord from inflammation, pressure, etc.

The treatment consists of systematic "lung gymnastics" (forcible inspiration and expiration), and electricity (galvanization or faradization of the phrenic nerve and fibres of the cervical plexus, supplying the muscles of expiration), accompanied in many cases by the general hydropathic treatment and the "Swedish movement-cure."

SUCCESSFUL TRACHEOTOMY IN MEMBRANOUS CROUP.—Dr. W. I. Royster reports (*Trans. Med. Soc. of North Carolina* for 1872) a case which occurred in his practice in January, 1872, in which, on the fourth day of membranous formation in the larynx of a boy aged four years, the trachea was opened by Dr. E. B. Haywood. "The tube provided for the occasion was too large to be inserted; the opening into the windpipe was therefore well dilated with forceps, and the wound left open." The inhalation of steam was kept up, and a temperature of over 90° Fahr. maintained in the room. Four days after the operation the wound closed by granulation, and breathing through the natural passages was resumed.

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MISCELLANY.

CONGRESS OF THE GERMAN SURGICAL ASSOCIATION, 1872.—The proceedings at this meeting, which commenced on April 10, at Berlin, and was presided over by Prof. Von Langenbeck, have attracted, it seems to us, very little attention. Professor Von Bruns, of Tübingen, was elected Vice-President; Professors Gurlt, of Berlin, and Volkmann, of Halle, Secretaries; Dr. Trendelenburg, of Berlin, Treasurer. In addition, Billroth, of Vienna, Bardeleben, of Berlin, Simon, of Heidelberg, and Baum, of Göttingen, were elected into the committee. It was decided to meet every year at Berlin, on some day betwixt the 10th and 13th of April. Every one practising surgery is eligible for election. One hundred and ten members were present. The first paper was by Volkmann, on "Comparative Statistics of Injuries occurring in Time of Peace and War." He considered that better results were obtained in war times, in spite of the disadvantageous circumstances under which operations had often to be performed, since the soldiers were picked, healthy men. Professor Busch read a paper on "the Epitheliomatous Form of Lupus of the Extremities." Schede, of Halle, on the "Minute Appearances of Tissues after the Application of Tincture of Iodine." At the second sitting, on the 11th, a paper by Prof. Roser, of Marburg, was read on the "Fungus Micrococcus as the supposed originating cause of Pyæmia." Dr. Trendelenburg then related a case of "Stricture of the Trachea," in which tracheotomy had been performed and the stricture afterwards dilated with bougies. He also showed a "tampon" for stopping the trachea in operations on the jaws, tracheotomy being performed, and an india-rubber balloon carried in by a canula and then blown up so as to fill the trachea and prevent blood running into the bronchi. Stilling, of Cassel, read a paper on the "Pathogenesis of Urethral Stricture and the Histology of the Human Urethra," and Metzler, of Darmstadt, one on "Resection of Knee-Joint." At the third sitting, on the 12th, Busch, of Berlin, read a paper on the "Treatment of Fractures of the Skull with Depression," founded on six cases. Mühlvenzl, of Vienna, showed a field-stretcher and ambulance-wagon, as used in Austria. Bidder, of Halle, read a paper on "Treatment of Simple Fracture of the Femur without Restrictive Bandages." Dr. Wegner, of Berlin, a paper on "the Effects of Phosphorus on the Bony System." At the fourth sitting, on the 13th, Wolff, of Berlin, exhibited preparations illustrating the growth of bone. Surgeon-General Löffler made a communication on knee-joint resections. Simon contributed a paper "On a Method of Artificial Dilatation of the Rectum," in which he advocated scraping out carcinoma from the sigmoid flexure. Danzel, of Hamburg, gave some "Surgical Experiences in the Mariæn Hospital of Hamburg." Heine, of Innsbruck, read a communication "On the Diffusion of Tumors by Parenchymatous Injections." Adelman, of Berlin,

gave a case of "Swallowed Fork, removed by gastrotomy." The operation was quite successful, but the patient died a month after, of some other affection. Professor Uhde, of Brunswick, reported several cases of transfusion of blood. Professor Von Langenbeck had prepared a paper "On the Treatment of Gunshot Wounds of Joints," which was not read, for want of time.

At the Third Convention of the Teaching Colleges of Pharmacy of the United States, in September last, the following resolutions were passed unanimously:

Resolved, That this Convention regards analytical chemistry as essential for a thorough pharmaceutical education.

Resolved, That this Convention considers lectures on and practical instruction in qualitative analysis as very desirable for second-course students.

Resolved, That the Colleges of Pharmacy be requested to communicate the questions propounded for written answers in the annual examinations to all other colleges of pharmacy in the United States.

Resolved, That this Convention considers the establishment of the degree of Master in Pharmacy as desirable to be conferred upon graduates in pharmacy of not less than three years' professional service, who shall have passed another more stringent examination than "graduates" receive.

Resolved, That the degree of Doctor in Pharmacy should be a purely honorary one, to be conferred only upon pharmacists who have distinguished themselves in the advancement of the science of pharmacy.

Resolved, That the Colleges of Pharmacy are requested to annually report through their delegates to this Convention the names of those upon whom their honorary degree has been bestowed.

In the *Edinburgh Review* for October is an article on the "Progress of Medicine and Surgery," which contains, among other things, an account of the use of anæsthetics in surgery. In one of its introductory passages a statement occurs which would be ludicrous if it were not so seriously untrue. "As early as 1800," says the writer, "Sir Humphry Davy suggested the use of nitrous oxide gas, and indeed it was used in dental surgery by Dr. Evans, in Paris; by Dr. Horace Wells, in Halifax, United States, (*sic*!) in 1844. Sulphuric ether was also employed at Boston in 1846; but these agents were either so disagreeable in their odor, or so inapplicable to the major operations in surgery, owing to their want of persistency, that they had no chance of establishing themselves as permanent agents in the annihilation of human suffering, etc." And that is all the writer appears to know about ether and nitrous oxide! It is not often that the ponderous dulness even of the *Edinburgh Review* blunders into such a quagmire of ignorance as this.

UNIVERSITY OF MUNICH.—Dr. Francis Dowling writes from Munich to *The Clinic* that the four hundredth anniversary of this University was recently celebrated with pomp. Delegations were present from

all the Universities in Germany and Austria, also from Oxford, England. The corps of medical Professors will compare favorably with any in Germany. Profs. Pettenkofer, Siebold, Bischoff, Nussbaum, and Liebig lecture there. The hospital is old and badly ventilated, in consequence of which about *one-sixth* of the cases operated upon in the institution die of pyæmia. The clinics are poorly arranged, although there is plenty of material.

CALIFORNIA COLLEGE OF PHARMACY.—This institution was incorporated on the 7th of August last, with a capital stock of one hundred thousand dollars, divided into one thousand shares of one hundred dollars each. It is to be located in San Francisco, and lectures were to be begun on the 1st of October. It has been determined by the management to grant a scholarship to the holder of each share of the capital stock, which shall cover all fees attendant upon a course of two seasons, except that of graduation, and which shall be available at any time within one year from the date of issue of said share.

THE CENTENNIAL EXPOSITION.—The following gentlemen have been appointed the subscription committee for the medical profession, under the authority of the Citizens' Committee on Finance of the Centennial Celebration:

Dr. John B. Biddle, *Chairman*; Drs. Francis Gurney Smith, John Neill, Caspar Wister, and Edward Harts-horne.

Le Mouvement Medical of October 26 announces that on the 19th the Council of War had condemned to death M. Regnard, a former *interne* of the hospitals of Paris, who had acted as general secretary of the prefecture of police during the Commune. Dr. R. was implicated in the execution of a man named Largillière, shot in the Rue Haxo on the 26th of May, 1871.

COMPENSATION OF EXPERT MEDICAL WITNESSES.—Dr. E. B. Haywood, being summoned as a medical expert to testify in a case of rape before a criminal court in North Carolina, and having so testified, presented a bill of ten dollars for his services. The claim being disallowed, Dr. H. appealed to the supreme court, and obtained a judgment in his favor.

The New York Medical Record wishes to correct the statement, which is going the rounds of the journals, that Dr. T. G. Thomas has resigned the chair of Obstetrics in the College of Physicians and Surgeons, N.Y. Dr. McLane was elected *Adjunct* Professor merely.

The Board of Health of Washington, D.C., have recently made a report, from which it appears that the number of cases of smallpox in that city from January 1, 1872, to November 1, 1872, was 512; the deaths being 111, or over 21 per cent.

At the last half-yearly meeting of the Scottish Meteorological Society it was announced that the Marquis of Tweeddale had presented the Council with £100 for the prosecution of an inquiry into the properties of ozone.

The author of the "Origin of Species" will, it is said, be brought forward as a candidate for the post of Lord Rector of Aberdeen University at the next election.

UNDER the will of the late Sir David Baxter, the University of Edinburgh becomes entitled to £40,000 for its further extension and endowment.

THE freedom of the city of Bologna has been conferred upon Professor Virchow, "on account of the eminent services he has rendered to science."

MORTALITY OF PHILADELPHIA.—The interments reported at the Health Office for the week ending Nov. 30, 1872, were 261; 143 adults, and 118 minors. 16 were of bodies brought from the country; making the mortality of the city 245. Among the causes of death were:

Consumption of the Lungs	50
Other Diseases of the Respiratory Organs	49
Diseases of the Circulatory Apparatus	44
Diseases of the Brain and Nervous System	33
Diseases of the Digestive Apparatus	17
Zymotic Diseases (2 from Smallpox)	9
Typhoid Fever	5
Casualties	7
Cancer	2
Debility (including "Inanition" and "Marasmus")	30
Still-born	20
Old Age	9

(The interments reported for the week ending Dec. 2, 1871, were 508.)

THE meteorological record kept at the Pennsylvania Hospital was as follows:

	THERMOMETER.		BAROMETER. (2 P.M.)
	Max.	Min.	
Nov. 24 . . .	47.0°	35.5°	30.35 in.
" 25 . . .	52.0	39.5	30.12 in.
" 26 . . .	43.0	40.5	30.13 in. (Rain.)
" 27 . . .	41.5	34.0	30.31 in.
" 28 . . .	35.0	27.0	30.35 in.
" 29 . . .	30.0	18.0	30.04 in. (Snow.)
" 30 . . .	25.0	15.0	30.10 in.

Mean temperature of November, 1872, 41.26°; of November, 1871, 41.0°.

OFFICIAL LIST

OF CHANGES OF STATIONS AND DUTIES OF OFFICERS OF THE MEDICAL DEPARTMENT U. S. ARMY, FROM NOVEMBER 19, 1872, TO NOVEMBER 25, 1872, INCLUSIVE.

RANDOLPH, JNO. F., SURGEON.—Assigned to duty as Post-Surgeon at Omaha Barracks, Nebraska. S. O. 204, Department of the Platte. Nov. 16, 1872.

MEACHAM, F., ASSISTANT-SURGEON.—Assigned to duty as Post-Surgeon at Sidney Barracks, Nebraska. S. O. 204, c. s., Department of the Platte.

HEIZMAN, C. L., ASSISTANT-SURGEON.—Relieved from duty at Sidney Barracks, and assigned to duty at Omaha Barracks, Nebraska. S. O. 204, c. s., Department of the Platte.

MATTHEWS, WASHINGTON, ASSISTANT-SURGEON.—To report in person to the Commanding General, Department of the East, for assignment to duty. S. O. 297, Headquarters of the Army, A. G. O., Nov. 20, 1872.

KING, W. H., ASSISTANT-SURGEON.—Leave of absence extended thirty days. S. O. 106, Military Division of the Missouri, Nov. 21, 1872.